

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35505
 Do not use this space.

FILED NOV 10 1943

1. PLACE OF DEATH
 (a) County Shelby Registration District No. 275
 (b) Township Spring Creek Primary Registration District No. 5943
 (c) City _____ (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME THOMAS C. SNEED
 (a) Residence, No. near Edgar Springs Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE OW 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Ollie Head Sneed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS 73 MONTHS 10 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Farming
 10. Date deceased last worked at this occupation (month and year) NOV. 1942 11. Total time (years) spent in this occupation 73
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maries Co., Mo.
 FATHER 13. NAME William Sneed
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
 MOTHER 15. MAIDEN NAME Lucinda Robinson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maries Co., Mo.
 17. INFORMANT Albert Sneed (ADDRESS) Edgar Springs, Mo.
 18. BURIAL CREMATION, OR REMOVAL PLACE Kenner Cemetery DATE 10/5 1943
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alfred Smith
Rolla Mo.
 20. FILED 10-5- 19 43

MEDICAL CERTIFICATE OF DEATH

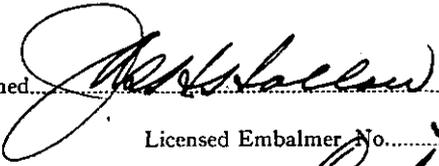
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3 19 43
 22. I HEREBY CERTIFY, That I attended deceased from June 20 1943 to Oct. 3 1943
 I last saw him alive on Oct. 3 1943 Death is said to have occurred on the date stated above, at 6:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Endocarditis
Cardiac Asthma
 Date of onset June 1943
 Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. H. Reed M. D.
 (Address) Edgar Springs, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed 
Licensed Embalmer No. 3643
P. O. Address Cuba Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.